

County: Sheboygan
 GREENDALE HEALTH/REHABILITATION CENTER
 3129 MICHIGAN AVENUE

Facility ID: 9370

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SHEBOYGAN 53081 Phone: (920) 458-1155
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 64
 Total Licensed Bed Capacity (12/31/01): 64
 Number of Residents on 12/31/01: 60

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 60

Corporation
 Skilled
 No
 Yes
 Yes
 60

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		41.7
Supp. Home Care-Personal Care	No					1 - 4 Years		28.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.7	More Than 4 Years		30.0
Day Services	No	Mental Illness (Org./Psy)	1.7	65 - 74	10.0			-----
Respite Care	Yes	Mental Illness (Other)	3.3	75 - 84	23.3			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	55.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	10.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	23.3	65 & Over	98.3	-----		
Transportation	No	Cerebrovascular	11.7		-----	RNs		13.5
Referral Service	No	Diabetes	3.3	Sex	%	LPNs		4.3
Other Services	No	Respiratory	10.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	35.0	Male	23.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	76.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	5	100.0	270	36	83.7	95	0	0.0	0	9	75.0	170	0	0.0	0	0	0.0	0	50	83.3
Intermediate	---	---	---	7	16.3	80	0	0.0	0	3	25.0	170	0	0.0	0	0	0.0	0	10	16.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		43	100.0		0	0.0		12	100.0		0	0.0		0	0.0		60	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	13.6	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	4.9	Bathing	0.0	61.7	38.3	60
Other Nursing Homes	2.5	Dressing	25.0	50.0	25.0	60
Acute Care Hospitals	71.6	Transferring	26.7	41.7	31.7	60
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	30.0	41.7	28.3	60
Rehabilitation Hospitals	2.5	Eating	68.3	16.7	15.0	60
Other Locations	4.9	*****				
Total Number of Admissions	81	Continence	%	Special Treatments		
Percent Discharges To:		Indwelling Or External Catheter	8.3	Receiving Respiratory Care	3.3	
Private Home/No Home Health	18.1	Occ/Freq. Incontinent of Bladder	38.3	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	14.5	Occ/Freq. Incontinent of Bowel	21.7	Receiving Suctioning	1.7	
Other Nursing Homes	4.8	Mobility		Receiving Ostomy Care	0.0	
Acute Care Hospitals	7.2			Receiving Tube Feeding	3.3	
Psych. Hosp. -MR/DD Facilities	0.0			Receiving Mechanically Altered Diets	36.7	
Rehabilitation Hospitals	0.0	Physically Restrained	3.3			
Other Locations	10.8	Skin Care		Other Resident Characteristics		
Deaths	44.6	With Pressure Sores	6.7	Have Advance Directives	98.3	
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	83			Receiving Psychoactive Drugs	8.3	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.8	82.7	1.13	85.1	1.10	84.3	1.11	84.6	1.11
Current Residents from In-County	98.3	82.1	1.20	80.0	1.23	82.7	1.19	77.0	1.28
Admissions from In-County, Still Residing	29.6	18.6	1.59	20.9	1.42	21.6	1.37	20.8	1.42
Admissions/Average Daily Census	135.0	178.7	0.76	144.6	0.93	137.9	0.98	128.9	1.05
Discharges/Average Daily Census	138.3	179.9	0.77	144.8	0.96	139.0	1.00	130.0	1.06
Discharges To Private Residence/Average Daily Census	45.0	76.7	0.59	60.4	0.75	55.2	0.82	52.8	0.85
Residents Receiving Skilled Care	83.3	93.6	0.89	90.5	0.92	91.8	0.91	85.3	0.98
Residents Aged 65 and Older	98.3	93.4	1.05	94.7	1.04	92.5	1.06	87.5	1.12
Title 19 (Medicaid) Funded Residents	71.7	63.4	1.13	58.0	1.24	64.3	1.12	68.7	1.04
Private Pay Funded Residents	20.0	23.0	0.87	32.0	0.62	25.6	0.78	22.0	0.91
Developmentally Disabled Residents	0.0	0.7	0.00	0.9	0.00	1.2	0.00	7.6	0.00
Mentally Ill Residents	5.0	30.1	0.17	33.8	0.15	37.4	0.13	33.8	0.15
General Medical Service Residents	35.0	23.3	1.50	18.3	1.91	21.2	1.65	19.4	1.80
Impaired ADL (Mean)	49.3	48.6	1.02	48.1	1.02	49.6	0.99	49.3	1.00
Psychological Problems	8.3	50.3	0.17	51.0	0.16	54.1	0.15	51.9	0.16
Nursing Care Required (Mean)	6.5	6.2	1.04	6.0	1.07	6.5	0.99	7.3	0.88